			Application or Docket Number												
	PATENT APPLICATION FEE DETERMINATION RECOI														
Effective January 1, 2003										RE63306-12					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	- EN	TITY	OTHER THAN OR SMALL ENTITY				
ТО	TAL CLAIMS		23		(COORMIT E)		Ÿ	RATE		FEE	) 	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F		375.00	OB	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			2.2 minus 20=		. 3			X\$ 9	) <u>=</u>		OR	X\$18=	10		
INDEPENDENT CLAIMS			minus:3.=		5			X42=				X84=	<i>y.</i>		
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT	<u></u>				-		OR	7.0 (-				
								+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2									AL.		OR	TOTAL	Rey.		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY							
	- 1.1 (Q-24.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(Column 1) CLAIMS		(Colur		(Column 3)	1	SMALL			OH.	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA	· · ·	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Tota)	. 9	Minus	-2	3	-		<b>X\$</b> 9	= .		OR	`X\$18=			
	Independent	• 1	Minus	****	3	=		X42			OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140			~~	+280=			
					•				TAL		OR	TOTAL			
								ADDIT. I	EE	·	OR	ADDIT. FEE			
	·	(Column 1)		HIGH		(Column 3)	ነ .		_	ADDI-		<del></del>	ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RAT	Ε	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	AUTATION OF M	Minus	AAA	T CL AISA	-		X42	=	•	OR	X84=			
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=		OR	+280=			
									TAL		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)															
o		CLAIMS REMAINING		HIGH	HEST MBER	PRESENT	7			ADDI-			. ADDI-		
EN.		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT C	Total	*	Minus	1*		=		X\$ <sup>-</sup> 9	=		OR	X\$18=			
AME	Independent		Minus	***		=		X42	<u>-</u>		OR	· X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											<u> </u>	-		
1.	•	. :			•			+140	)= .		OR	+280=	1		

The "Highest Number Previously Paid For" (Total on the legislation) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 12/02)

\*U.S. Government Printing Hote: 2.1.3 - 498-278/69151

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

TOTAL ADDIT. FEE TOTAL ADDIT, FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2 write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SP. . 3 is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SP. . 3 is less than 3, enter "3."